

Image# 201611239037224240

PAGE 1 / 4

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Brooks, Susan, , Mrs.,			2. Candidate's FEC Identification Number H2IN05082	
(b) Address (number and street) 13406 Birkenhead Street		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Carmel IN 46032-8387		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate IN 05		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of Susan Brooks		
(b) Address (number and street) 9425 N Meridian St # 237		
(c) City, State, and ZIP Code Indianapolis IN 46260-1308		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) 2016 Brooks and Young Hoosier Republican Victory Fund		
(b) Address (number and street) 4703 Woodway Lane NW		
(c) City, State, and ZIP Code Washington DC 20016		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Brooks, Susan, , Mrs.,  [Electronically Filed]	Date 11/23/2016
--	--------------------

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: F2N  
Transaction ID :

Form/Schedule:  
Transaction ID:

**FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)**

FEC Form 2 (Rev. 02/2003)

Page 3 / 4

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

**Health First Committee**

(b) Address (number and street)

P.O. Box 30844

(c) City, State and ZIP Code

Bethesda

MD

20824

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

**Brooks-Walorski Joint Fundraising Committee**

(b) Address (number and street)

4703 Woodway Lane NW

(c) City, State and ZIP Code

Washington

DC

20016-3240

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

**Messer-Brooks Joint Fundraising Committee**

(b) Address (number and street)

4703 Woodway Ln NW

(c) City, State and ZIP Code

Washington

DC

20016-3240

**FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)**

FEC Form 2 (Rev. 02/2003)

Page 4 / 4

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Longhorn Innovation 2016

(b) Address (number and street)

PO Box 2485

(c) City, State and ZIP Code

Springfield

VA

22152-0485

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Team Telluride

(b) Address (number and street)

824 S Milledge Ave

Auite 101

(c) City, State and ZIP Code

Athens

GA

30605-1332

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Brooks-Bucshon Joint Fundraising Committee

(b) Address (number and street)

4703 Woodway Ln NW

(c) City, State and ZIP Code

Washington

DC

20016-3240